

**THE PORT AUTHORITY** OF NY & NJ

September 1, 2016

United States Environmental Protection Agency  
Air Compliance Branch  
290 Broadway, 21<sup>st</sup> Floor  
New York, NY 10007-1866

Attn: NESHAP COORDINATOR

Re: LAGUARDIA AIRPORT –BUILDING #: 30,  
FORMER PORT AUTHORITY POLICE BUILDING.

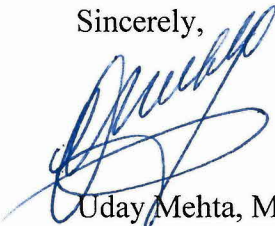
OPERATOR PROJECT #: 217.854

Dear Madam/Sir:

Our Non-RACM courtesy notification for the asbestos abatement work to be done at the above referenced location is attached.

If you have any questions, please contact me at 201-595-4881.

Sincerely,



Uday Mehta, Manager  
Environmental field Operations  
Construction Management Division

cc: Project File (EPA-2477)  
NON-RACM Notification File

UM/fl

241 Erie Street  
Room 238  
Jersey City, NJ 07310  
T: 201 595 4892

# U.S. Environmental Protection Agency

## Notification of Demolition and Renovation

<b>Operator Project #:</b> 217.854		<b>Postmark:</b>		<b>Date Received:</b> 09/01/2016		<b>Notification #:</b> EPA-2477	
<b>I. Type of Notification (O=Original R=Revised C=Canceled)    O</b>							
<b>II. Facility Information (Identify owner, removal contractor, and other operator)</b>							
<b>Owner Name:</b>		THE PORT AUTHORITY OF NY & NJ					
<b>Address:</b>		241 ERIE ST. ROOM 236					
<b>City:</b>		JERSEY CITY		<b>State:</b> NJ		<b>Zip:</b> 07310	
<b>Contact:</b>		F.DAMBREVILLE, FACILITY SUPERVISOR, ENVIRONMENTAL FIELD OPS				<b>Telephone:</b> 718-533-4053	
<b>Removal Contractor:</b> NEW YORK ENVIRONMENTAL SYSTEMS							
<b>Address:</b>		368 RICHARD STREET					
<b>City:</b>		BROOKLYN		<b>State:</b> NY		<b>Zip:</b> 11222	
<b>Contact:</b>		ROBERT PAVLOVICH				<b>Telephone:</b> 718-302-3500	
<b>Other operator:</b> N/A							
<b>Address:</b>							
<b>City:</b>				<b>State:</b>		<b>Zip:</b>	
<b>Contact:</b>						<b>Telephone:</b>	
<b>III. Type of Operation (D=Demo O=Ordered Demo R=Renovation E=Emergency)    R</b>							
<b>IV. Is Asbestos Present? (Yes/No) YES</b>							
<b>V. Facility Description (include building name, number, floor, and /or room number):</b>							
<b>Building Name:</b> LAGUARDIA AIRPORT							
<b>Address:</b> LAGUARDIA AIRPORT							
<b>City:</b>		FLUSHING		<b>State:</b> NY		<b>County:</b> QUEENS	
<b>Site Location:</b> BUILDING #:30, FORMER POLICE BUILDING - ENTIRE BUILDING							
<b>Building Size:</b> N/A		<b># of Floors:</b> 2		<b>Age in Years:</b> 30+			
<b>Present Use:</b> VACANT				<b>Prior Use:</b> OFFICE SPACE			
<b>VI. Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material:</b> BULK SAMPLING WITH TEM ANALYSIS							
<b>VII. Approximate Amount of Asbestos, Including:</b>  1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			Non-RACM To Be Removed	RACM to Be Removed	Nonfriable Asbestos Materials Not To Be Removed		Indicate Measurement
					Cat I	Cat II	
Pipes	ELECTRICAL WIRE INSULATION	2900 LN.FT					Lnft: 2,900
Surface Area	VAT,MASTIC,TRANSITE	6550 SQ.FT.					Sqft: 6,550
Vol	RACM Off Facility Component						Cuft: 0
<b>VIII. Scheduled Dates Asbestos Removal</b>				<b>Start:</b> 9/16/2016		<b>Complete:</b> 12/30/2016	
<b>IX. Scheduled Dates Demo/Renovation</b>				<b>Start:</b>		<b>Complete:</b>	

**U.S. Environmental Protection Agency  
Notification of Demolition and Renovation**

**X. Description of Planned Demolition or Renovation Work, and Method(s) to Be Used:**

REMOVAL USING WET METHOD WITH SURFACE AND ISOLATION BARRIERS

**XI. Description of Work Practices and Engineering Controls to Be Used to Prevent Emissions Of Asbestos**

**At the Demolition And Renovation Site:**

DUST CONTROL USING WET METHOD ISOLATION AND SURFACE BARRIER, ENGINEERING CONTROL USING VACUUMS EQUIPPED WITH HEPA FILTERS. WET REMOVAL AS PER NEW YORK STATE INDUSTRIAL CODE RULE 56.

**XII. Waste Transporter #1**

**Name:** ASBESTOS TRANSPORTATION COMPANY, INC.

**Address:** 2 MORICHES MIDDLE ISLAND ROAD

**City:** SHIRLEY

**State:** NY

**Zip:** 11967

**Contact:** GARY GRETTY

**Telephone:** 631-924-5050

**Waste Transporter #2**

**Name:** N/A

**Address:**

**City:**

**State:**

**Zip:**

**Contact:**

**Telephone:**

**XIII. Waste Disposal Site**

**Name:** MEADOWFILL LANDFILL, INC.

**Location:** ROUTE 2, BOX 68

**City:** BRIDGEPORT

**State:** WV

**Zip:** 26330

**Telephone:** 304-842-2784

**XIV. If Demolition Ordered By a Government Agency, Please Identify the Agency Below**

**Name:**

**Title:**

**Authority:**

**Date of Order:**

**Date Ordered To Begin:**

**XV. For Emergency Renovations**

**Date and Hour of Emergency:**

**Description of Sudden or Unexpected Event:**

**Explanation of How the Event Caused Unsafe Conditions or Would Cause Equipment Damage or an Unreasonable Financial Burden:**

**XVI. Descriptions of Procedures to Be Followed in the Event That Unexpected Asbestos Is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder:**

IMMEDIATE ISOLATION OF THE AREA AND ADEQUATE WETTING OF ASBESTOS MATERIAL FOLLOWED BY HEPA VACUUMING AND WET WIPING ALL AFFECTED AREAS

**XVII. I Certify That an Individual Trained in the Provisions of This Regulation (40 CFR Part 61, Subpart M) Will Be On-Site During the Demolition or Renovation And Evidence That the Required Training Has Been Accomplished by This Person Will Be Available for inspection**

(Signature of Owner/Operator)

(Date)

**XVIII. I Certify That the Above Information Is Correct.**

(Signature of Owner/Operator)

(Date)